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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 This appln claims benefit of 60/504218-09/15/2003 *NAK*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 8	TOTAL CLAIMS 48	INDEPENDENT CLAIMS 3
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35 USC 119 (a-d) conditions met ☐ yes ☒ no Met after Allowance

Verified and Acknowledged *[Signature]* Examiner's Signature *[Initials]* Initials

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TITLE  
 Automatic therapy adjustments

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